



STATE OF ARIZONA
APPLICATION FOR CERTIFICATION
AS A PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and A.A.C. R2-20-104 (D)

OFFICE SIGNATURE

☒ Initial Application☐ Amended Application

FILERID

2004-93105

| | | | |
|---|--|--|--|
| NAME OF CANDIDATE BEN MIRANDA | | OFFICE SOUGHT (Include Legislative District, if applicable) STATELEGISLATOR DIST 16 | |
| ADDRESS (NUMBER & STREET) 26 E ST CHARLES | | CITY PHX | STATE AZ |
| MAILING ADDRESS (if different from above) | | CITY | STATE |
| CANDIDATE'S TELEPHONE # 602-252-0553 | | CANDIDATE'S FAX # N/A | CANDIDATE'S E-MAIL ADDRESS N/A |
| CANDIDATE'S PARTY AFFILIATION (if any) Democrat | | | |
| NAME OF CANDIDATE'S COMMITTEE Committee to Reelect Ben Miranda | | | |
| COMMITTEE'S ADDRESS 26 E ST CHARLES | | CITY PHX | STATE AZ |
| COMMITTEE'S PHONE # 602-252-0553 | | COMMITTEE'S FAX # N/A | COMMITTEE'S E-MAIL ADDRESS N/A |
| NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) NONE | | | |
| DESIGNATED INDIVIDUAL'S ADDRESS N/A | | CITY N/A | STATE N/A |
| DESIGNATED INDIVIDUAL'S TELEPHONE # N/A | | DESIGNATED INDIVIDUAL'S FAX # N/A | DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS N/A |
| LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). BANK OF AMERICA | | | |

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate **NO ONE** as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date: **12/26/2003**Candidate's signature: 

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 SECRETARY OF STATE
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